



Complete all appropriate sections and fax to the V2 PLUS Service Centre on:

Fax: 1800 671 800

All requests must be signed by the customer(s).  
Unsigned requests will not be processed and will be returned to you.

Date:

Authorised contact name:

Contact number:

Intermediary number:

### 1. DEBIT THE FOLLOWING ACCOUNT

Account name

Account number

BSB

Amount

### 2. CHEQUE DETAILS

V2 PLUS cheque (can only be payable to the name of the account)

Bank cheque (can be payable to a third party)

Please make the cheque payable to:

Name

Address to be sent (if different to address on system):

Street address

Suburb

State

Postcode

### 3. SIGNATURE(S)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

### Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you.